

BOEHNER, MARILYN

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25487

FILED JUL 26 1956

BIRTH NO. 48675-36 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 542 Registrar's No. 1629

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights		c. LENGTH OF STAY (In this place) several hours	26 CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital		e. STREET ADDRESS (If rural, give location) 1826 North 20th St.	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Reginald	b. (Middle) Michael	c. (Last) Bohner	July	2,	1956

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH July 2, 1956	9. AGE (In years last birthday)	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	12. UNDER 1 YEAR Hours	13. UNDER 1 YEAR Min.	14. UNDER 1 YEAR Sec.
							4	15	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Richmond Heights, Missouri.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Ronald C. Bohner	13b. MOTHER'S MAIDEN NAME Marilyn Moore	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mr. Ronald C. Bohner	ADDRESS 1826 North 20th St.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HEMORRHAGE			1 DAY
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	II. OTHER SIGNIFICANT CONDITIONS		
ANTECEDENT CAUSES	DUE TO (b) ABDOMINAL EVISCERATION		1 DAY
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) DEVELOPMENTAL DEFECT		
	ABSENT CORD		
	OMPHALOCOELE WITH		1 DAY

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
		-756.2

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 2, 1956, to July 2, 1956, that I last saw the deceased alive on 7-2, 1956, and that death occurred at 3:00 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Henry Z Rosenberg MD	23b. ADDRESS 1467 UNION	23c. DATE SIGNED 7-3-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 7-5-56	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.
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DATE REC'D BY LOCAL REG. 7-5-56	REGISTRAR'S SIGNATURE Herbert P. Donhue MD	25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc. 2161 E. Fair Ave.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by Student Embalmer No.....
working under my personal supervision..

NOT EMBALMED

Student.....
Signature of Student Embalmer

Signed.....
MATH HERMANN & SON, INC. *Math*

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.